

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>fb</i>		06/16/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>fas</i>	852	07-10-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 : Restricted O Objected

Claim	Date									
Final	Original	1	2	3	4	5	6	7	8	9
1	1	4	10-3	6	1	4				
2	2	5	1	2	1	2	5	1	2	5
3	3	2	1	2	3	4	5	6	7	8
4	4									
5	5									
6	6									
7	7									
8	8									
9	9									
10	10									
11	11									
12	12									
13	13									
14	14									
15	15									
16	16									
17	17									
18	18									
19	19									
20	20									
21	21									
22	22									
23	23	-	✓	✓	✓	✓	✓	✓	✓	✓
24	24	✓	✓	✓	✓	✓	✓	✓	✓	✓
25	25	✓	✓	✓	✓	✓	✓	✓	✓	✓
26	26	✓	✓	✓	✓	✓	✓	✓	✓	✓
27	27	✓	✓	✓	✓	✓	✓	✓	✓	✓
28	28	✓	✓	✓	✓	✓	✓	✓	✓	✓
29	29	✓	✓	✓	✓	✓	✓	✓	✓	✓
30	30	✓	✓	✓	✓	✓	✓	✓	✓	✓
31	31	N	N	N	N	N	N	N	N	N
32	32	✓	✓	✓	✓	✓	✓	✓	✓	✓
33	33	✓	✓	✓	✓	✓	✓	✓	✓	✓
34	34	✓	✓	✓	✓	✓	✓	✓	✓	✓
35	35	✓	✓	✓	✓	✓	✓	✓	✓	✓
36	36	✓	✓	✓	✓	✓	✓	✓	✓	✓
37	37	✓	✓	✓	✓	✓	✓	✓	✓	✓
38	38	✓	✓	✓	✓	✓	✓	✓	✓	✓
39	39	✓	✓	✓	✓	✓	✓	✓	✓	✓
40	40	✓	✓	✓	✓	✓	✓	✓	✓	✓
41	41	N	N	N	N	N	N	N	N	N
42	42									
43	43									
44	44									
45	45									
46	46									
47	47									
48	48									
49	49									
50	50									

If more than 150 claims or 10 actions
staple additional sheet here